

AC-
827

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RV	67861	7/15
O.P.E. CLASSIFIER	IF		7/22
FORMALITY REVIEW	DF	530	8-25-72
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

- ✓ _____ Rejected
- _____ Allowed
- (Through numeral) _____ Canceled
- + _____ Restricted
- N _____ Non-elected
- I _____ Interference
- A _____ Appeal
- O _____ Objected

Claim	Date	Final	Original	Claim	Date	Final	Original	Claim	Date	Final	Original
1	1/15			51				101			
2	1/18			52				102			
3	1/17			53				103			
4	1/18			54				104			
5	1/18			55				105			
6	1/18			56				106			
7	1/18			57				107			
8	1/18			58				108			
9	1/18			59				109			
10	1/18			60				110			
11	1/18			61				111			
12	1/18			62				112			
13	1/18			63				113			
14	1/18			64				114			
15	1/18			65				115			
16	1/18			66				116			
17	1/18			67				117			
18	1/18			68				118			
19	1/18			69				119			
20	1/18			70				120			
21	1/18			71				121			
22	1/18			72				122			
23	1/18			73				123			
24	1/18			74				124			
25	1/18			75				125			
26	1/18			76				126			
27	1/18			77				127			
28	1/18			78				128			
29	1/18			79				129			
30	1/18			80				130			
31	1/18			81				131			
32	1/18			82				132			
33	1/18			83				133			
34	1/18			84				134			
35	1/18			85				135			
36	1/18			86				136			
37	1/18			87				137			
38	1/18			88				138			
39	1/18			89				139			
40	1/18			90				140			
41	1/18			91				141			
42	1/18			92				142			
43	1/18			93				143			
44	1/18			94				144			
45	1/18			95				145			
46	1/18			96				146			
47	1/18			97				147			
48	1/18			98				148			
49	1/18			99				149			
50	1/18			100				150			

If more than 150 claims or 10 actions
staple additional sheet here

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